## **Information Security Program Annual Certification**

Due February 15 of each year, beginning February 15, 2022. Pursuant to MCL 500.555(9), each insurer-licensee domiciled in Michigan shall submit to the Director a written statement certifying that the insurer is in compliance with the requirements under MCL 500.555 unless an exception applies to the insurer-licensee.

Name of the Licensee:			NAIC Code:
Name of the Licensee.			NAIC Code.
Complete the certification and attestation section	ns below:		
	Certification		
I certify that			
	(Name of Licensee)		
is duly organized under the laws of the State of I MCL 500.555. I acknowledge that for examination this certificate for a period of five (5) years. To to improvement, updating, or redesign, the licenses	on purposes, the licensee named above sha he extent the licensee has identified areas, s	all maintain all record systems, or processe	ds, schedules, and data supporting es that require material
areas, systems, or processes. This information r			iod and anderway to address such
	Attestation		
I certify, to the best of my knowledge and belief, acknowledging that I am duly authorized to subn		is true and correct. I	By submitting this form, I am
Signature of licensee's authorized representative		Date signed	
Authorized representative's name and title (print	or type)		
Point of Contact (may be different than the Authorized Representative):	Phone Number with Area Code:	Email Addr	ess:

Please send completed form to email address: <u>DIFS-Cybersecurityforms@Michigan.gov</u>. Alternatively, the completed form can be mailed to the following address:

Department of Insurance and Financial Services Office of Insurance Evaluation P.O. Box 30220 Lansing, Michigan 48909-7720

Authorized under Section 555 of the Insurance Code of 1956, 1956 PA 218, MCL 500.555. Compliance is required for insurer-licensees domiciled in Michigan unless an exception applies to the insurer-licensee. Failure to properly complete and file this form may result in a compliance action against the insurer-licensee.

